Nebraska Total Care Overview

Better Health Outcomes, Lower Costs.™

Provider Town Hall

Fall 2016

Corporate Overview

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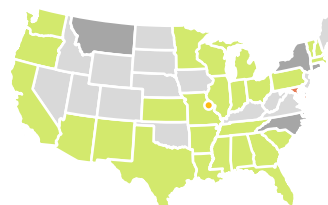
WHO WE ARE

CENTENE® *Corporation*

Nebraska Total Care is a subsidiary of **Centene Corporation**, a St. Louis based company founded in Milwaukee in 1984.

28,000 employees

#124
on the
Fortune 500 list

#4
Fortune's Fastest
Growing Companies (2015)

WHAT WE DO

28 states
with government sponsored healthcare programs

Medicaid
(24 states)

Exchanges
(15 States)

MA SNP
(12 States)

Correctional
(8 States)

2 international markets

11.5 million members
Includes 2.8 million TRICARE eligibles

~290 Product / Market Solutions

Our Philosophy

LOCAL APPROACH & JOB CREATION

Centene's core philosophy is that quality healthcare is best delivered locally. Our local approach enables us to provide accessible, high quality and culturally sensitive healthcare services to our members. Our care coordination model utilizes integrated programs that can only be delivered effectively by a local staff, resulting in meaningful job creation within the communities we serve.

CARE COORDINATION

Our proprietary care management programs promote a medical home for each member and enable Centene to partner with its trusted providers to ensure members receive the right care, in the right place, at the right time.

HEALTHCARE COMPLIANCE

State and Healthcare Effectiveness Data and Information Set (HEDIS) reporting constitutes the core of the information base that drives our clinical quality performance efforts. This reporting is monitored by Plan Quality Improvement Committees and our corporate medical management team.

CULTURAL SENSITIVITY

We successfully coordinate care for our diverse membership by recognizing the significance of the many different cultures our members represent and by forming partnerships in communities that bridge social, ethnic and economic gaps.

Our Goals

Link Members to the Medical Home Best Able to Serve Them

Provide Local Infrastructure:

- Case Management
- Connections Representatives
- Disease Management
- Call Center

- Member Services
- Provider Relations
- Provider Services

Ensure that Medicaid Recipients get the Care They Need in the Most Appropriate Setting

- *Increase* primary care visits and *reduce* unnecessary Emergency Room visits

Significantly Increase EPSDT Screenings, Prenatal/ Postpartum Care and HEDIS Rates Improve the Quality of Life for Individuals with Disabilities

- Identify and facilitate treatment for secondary conditions
- Coordinate care to reduce duplication and waste
- Reduce socio-economic barriers to care
- Implement physician driven strategies that support a Medical Home

Overview of Nebraska Total Care

- Nebraska Total Care covers, at a minimum, those core benefits and services as defined by Nebraska DHHS.

- Physical and behavioral health needs of those members residing in facilities.

- Pharmacy Services

- Vision Services

  – Routine, Medical Services, and Glasses

- All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines.

Nebraska Total Care ID Card

Nebraska Total Care Card Sample

HERITAGE HEALTH | **nebraska total care**

NAME: **Jane Doe**
MEMBER ID: **XXXXXXXXXX**

PCP NAME: **Jane Doe**
phone#: **X-XXX-XXX-XXXX**
after hours#: X-XXX-XXX-XXXX

RX: **Envolve Pharmacy Solutions**
RXBIN: **004336**
RXPCN: **MCAIDADV**
RXGRP: **RX5459**

Pharmacy Help Desk
phone #: **1-888-321-2351**

If you have an emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your PCP or Nebraska's 24/7 nurse advice line at 1-844-385-2192 (TDD/TTY 1-844-307-0342).

2525 N. 117th Avenue, Suite 100, Omaha, NE 68164
www.Nebraskatotalcare.com

IMPORTANT CONTACT INFORMATION

Members:
Member Services: 1-844-385-2192
(TDD/TTY 1-844-307-0342)
Vision: 1-844-385-2192
Behavioral Health: 1-844-385-2192
24/7 Nurse Advice Line: 1-844-385-2192
Enrollment Broker: 1-888-255-2605

All Paper Claims:
Nebraska Total Care
PO Box 5060
Farmington, MO 63640-5060

Behavioral Correspondence/Non-Claims:
Nebraska Total Care
PO Box 5060
Farmington, MO 63640-5060

Providers: Pharmacy: 1-888-321-2351
Pharmacy Prior Auth: 1-844-330-7852
Provider Services & IVR Eligibility Inquiry:
1-844-385-2192

EDI/EFT/ERA please visit
For Providers at
www.Nebraskatotalcare.com

EDI claims – Please submit
using payer ID 68069

Medical Correspondence/Non-Claims:
Nebraska Total Care
PO Box 5060
Farmington, MO 63640-5060

Provider Claims information via the web: www.Nebraskatotalcare.com

Website & Web-Based Tools

Website

Web-Based Tools

Web-Based Tools

- Public site at **www.nebraskatotalcare.com**
  - Provider Information for Medical Services
  - Provider Manual and Billing Manual
  - Prior Authorization Code Checker
  - Operational forms such as Prior Authorization Forms, Notification of Pregnancy forms, etc.
  - Clinical Practice Guidelines
  - Provider Newsletters and Announcements
  - Plan News
  - Find a Provider

- Nebraska Total Care is committed to enhancing our web based tools and technology, provider suggestions are welcome

  * Website elements to be added by December 1, 2016 and beyond

Secure Provider Portal

- Member Eligibility & Patient Listings

- Health Records & Care Gaps

- Authorizations

- Claims Submissions & Status

- Corrected Claims & Adjustments

- Payment History

Registration is free and easy!

Secure Provider Portal

PCP reports available on **Nebraska Total Care's** secure provider web portal are generated on a monthly basis and can be exported into a PDF or Excel format.

PCPs will be able to view:

- Patient List with HEDIS Care Gaps

- Emergency Room Utilization

- Rx Claims Report

- Lab History

- Immunization History

Claims

Most common clearinghouses that Nebraska Total Care uses for Electronic Data Interchange (EDI) submission are:

- Change HealthCare
  (formerly Emdeon)
- Gateway EDI
- Availity

- SSI
- AllScripts
- Medavant
- Relay Health

- Nebraska Total Care Payer ID 68069

- **All providers are permitted to submit claims for free** via Nebraska Total Care's website: www.nebraskatotalcare.com

For more information please contact:
Centene EDI Department
1-800-225-2573, extension 25525
e-mail: EDIBA@centene.com

Utilization Management

Utilization Management

Prior Authorization Requirements

- Go to NebraskaTotalCare.com for Authorization Tool
  - Determine if Prior Authorization is required
- Prior Authorization required for some services
  - Pre-Certification of services of Inpatient or Outpatient events
  - See covered services listed (or find a service) online for a list of Prior Authorization requirements
- Inpatient admissions
  - Including submission of clinical criteria

Utilization Management

Prior Authorization Requests

- Telephonic options directly to Prior Authorization team
- Fax lines dedicated to specific roles
  - Dedicated Concurrent Review
  - Prior Authorization request, Nurse, Behavioral Health
- Provider Portal
  - Determines what requires Prior Authorization
  - Prior Authorization received immediately

Behavioral Health Utilization Management

Psychotropic Medication Utilization Program

- Psychotropic Medication Utilization Review (PMUR): Includes pharmacy claims review, medical record review, and peer to peer consultation and education

Prior Authorization Requirements

- Reference Web portal
  – Determine if Prior Authorization is required

Imaging Authorizations

NIA's Prior Authorization Program

January 1, 2017
Only non-emergent high dollar radiology procedures performed in an outpatient setting require authorization with NIA

Procedures Requiring Prior Authorization	• MRI/MRA • CT/CTA • PET • CCTA • Myocardial Perfusion Imaging • Muga Scan • Stress Echocardiography
Excluded from NIA's Program: Procedures Performed in the Following Settings:	• Hospital Inpatient • Observation • Emergency Room • Urgent Care • Surgery Center

NIA's Prior Authorization Overview

Ordering Physician

→

Submit Requests by Phone

Or Online Through RadMD
www.RadMD.com

→

Information evaluated via algorithm and medical records

↓

Service Authorized

←

Rendering Provider Performs Service

←

Claim

Prior Authorization Process

Intake level

- Requests are evaluated using our clinical algorithm
- Requests may:
  1. Approve
  2. Require additional clinical review
  3. Pend for clinical validation of medical records

Initial Clinical Review

- Nurses will review request and may:
  1. Approve
  2. Send to NIA physician for additional clinical review

Physician Clinical Review

- Physicians may:
  1. Approve
  2. Deny

A peer to peer discussion is always available!

Provider Tools

- NIA's toll free authorization and information number – 1-800-424-4885 Available 7am – 7pm CST
  - Interactive Voice Response (IVR) System for authorization tracking

- RadMD Website – Available 24/7 (except during maintenance)
  - Request authorization (ordering providers only) and view authorization status
  - Upload additional clinical information
  - View Clinical Guidelines, Frequently Asked Questions (FAQs), and other educational documents

STRS - Authorizations (PT, OT, and ST)

STRS: Outpatient/Home Health PT, OT and ST Authorizations

Prior Authorization is required for all outpatient and home health Physical (PT), Occupational (OT) , and Speech Therapy (ST) services

- Evaluations/Revaluations: One initial evaluation and 1 initial re-evaluation per provider, per discipline, per calendar year without authorization for participating providers.
- Treatment: Prior authorization is required for treatment for participating providers.
- Non Par Providers are required to get prior authorization for all evaluations, re-evaluations and treatment services.

Documentation Requirements for Authorization

- Current prescription for therapy (electronic or manuscript)
- Evaluation or Re-evaluation including current skills (measured objectively) related to each treatment goal
- Plan of Care including functional and measureable goals, treatment plan, duration and frequency (subsequent requests should include progress towards goals)
- Outpatient Treatment Request Form

Note: All requests must meet Medically Necessary Criteria to obtain authorization, not all services are covered benefits, refer to provider manuals for coverage limitations and billing requirements

Pharmacy Benefit Manager Envolve Pharmacy Solutions

Pharmacy Overview

- State Preferred Drug List (PDL) with state Utilization Management edits (quantity, Prior Authorization, step)

- NTC will wrap the PDL with a formulary for therapy classes not covered under PDL

- NTC will program edits to comply with the Nebraska Medicaid Psychotropic Drugs and Youth Initiative

- Broad network of pharmacies are contracted

- Specialty drug contract is under review by the state

Pharmacy Overview

- Nebraska Total Care will have a medication therapy management program
  - We will engage local pharmacy providers

- DHHS to define 90 day transition period for members to continue their current therapy

Vision Services
Envolve Benefit Options

Vision

- Envolve Vision Benefits is an eye care administrator with over 30 years of experience serving Medicaid, Medicare, and commercial health plan members. We cover over seven million lives in 22 states and Puerto Rico with our panel of over 22,000 eye care providers.

- In Nebraska, Envolve Vision will administer eye care benefits (routine services and glasses) for Nebraska Total Care.

- Prior authorization is not required for any of the services that Envolve Vision administers.

- Claims can be submitted electronically via Change Healthcare Payer ID 56190, via our online portal at https://visionbenefits.envolvehealth.com/logon, or by mail to PO Box 7548, Rocky Mount, NC 27804. To access our online portal, or join our panel, please call Network Management at 1-800-531-2818.

Care Management

Integrated Care Management

We recognize that multiple co-morbidities will be common among our membership. The goal of our program is to collaborate with the member and all treating providers to achieve the highest possible levels of wellness, functioning and quality of life.

An integrated team of:
- Licensed mental health professionals
- Registered nurses: case managers and utilization managers
- Social workers
- Non-clinical staff

Designed to:
- Educate members on the importance of treatment compliance
- Help members obtain needed services
- Assist in coordination of covered services, community services, or other non-covered venues

Clinical Programs

- Nebraska Total Care offers various clinical programs to support our providers in producing the most effective treatment outcomes for our members.

- Clinical programs included are:
    - **Integrated Care Team:** NTC utilizes an integrated care team approach to ensure that physical health and behavioral health needs are effectively addressed. The case manager may solicit the input of the multidisciplinary integrated care team (ICT) to address and receive feedback regarding a member's comprehensive needs. Recognizing that members often have multiple co-morbidities or co-occurring physical and behavioral health conditions as well as other special health care needs, the team employs a holistic and coordinated approach to address the member's conditions, needs and barriers to care.

Disease Management Programs

- Disease Management education programs for:
  - ADHD
  - Perinatal Substance use
  - Perinatal Depression
  - Anxiety
  - Diabetes
  - Heart disease

Clinical Provider Training

Clinical Training for providers to enhance the quality of clinical services within our network, including long term care, behavioral health, behavioral management, SBIRT, and evidence based practices. Nebraska Total Care also provides additional training and support to providers, including:

- Screening Assessments
- Screening, Brief Intervention & Referral to Treatment (SBIRT)
- Motivational Interviewing
- Mental Health First Aid
- Collaboration with Primary Care Providers and/or Community Agencies
- Discharge follow-up and collaboration
- Identification of care gaps
- Assisting with barriers to care
- Evidence based practices
- Additional support to providers as needed

Contracting and Credentialing

Contracting and Credentialing

Contents of Provider Contracting Packet:

- Welcome letter

- Participating Provider Agreement

- Marketing pieces

- Provider Data Form

- Disclosure of Ownership Form

Contracting and Credentialing

Nebraska Total Care strives to build a robust network with the best possible access for members

Components of agreement:

- Standard language
- State-mandated language
- Rate exhibit(s)
- Delegated credentialing agreement (DCA)

Credentialing

## Typical Credentialing Elements for a Practitioner

- Provider Data Form for CAQH Users or Application
- Attestation
- Hospital Privileges
- Work History
- Licensure
- Board Certification
- Education
- Sanctions Checking
- Malpractice Settlements
- Liability Coverage
- DEA Certificate
- CLIA Certificate

Credentialing

Typical Credentialing Elements for an Organization

- Application

- Attestation

- Proof of Accreditation or CMS Audit

- Liability Coverage

- Sanctions Checking

- Licensure

- CLIA Certificate

- DEA/CSR Certificate
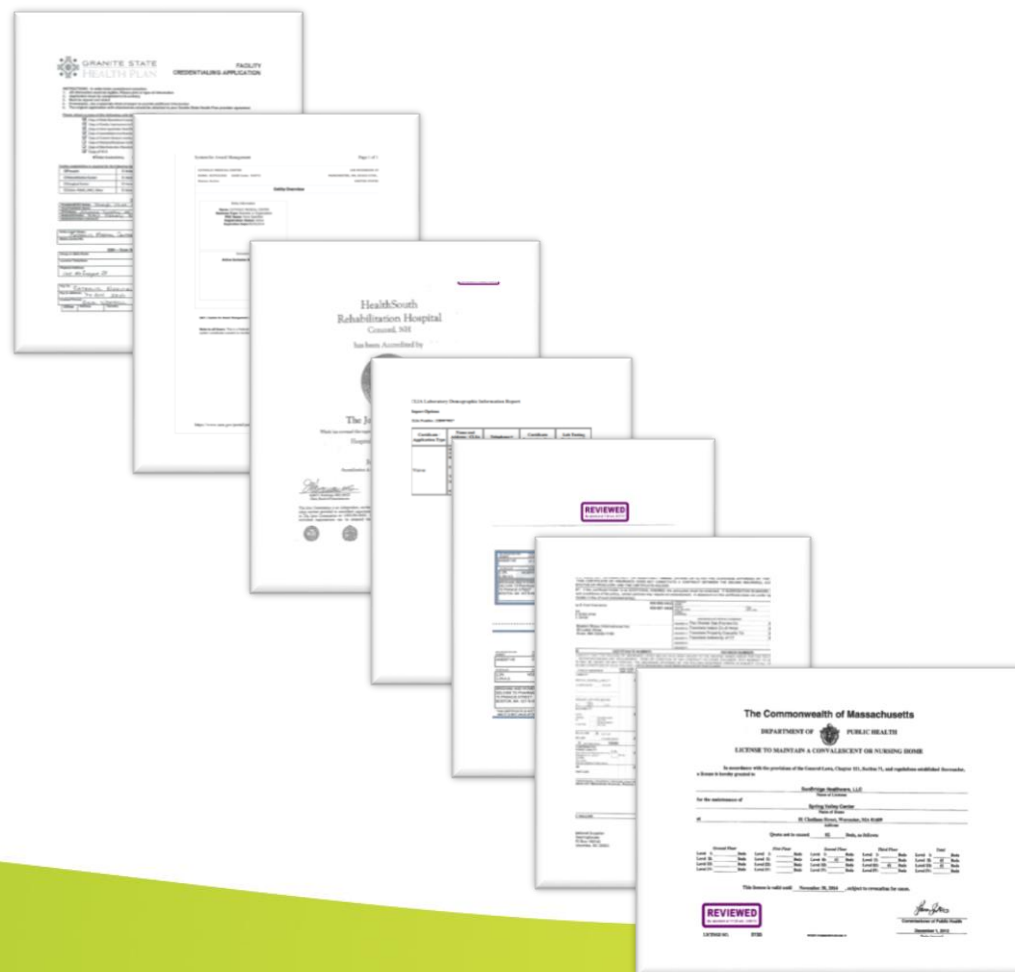
Contracting and Credentialing Contact Us

Physical Health and Behavioral Health Contracting:

Tim Easton, Director Contracting

Timothy.Easton@NebraskaTotalCare.com

(402) 594-6817

Provider Relations Support

Each provider will have a **Nebraska Total Care's** Provider Network Specialist assigned to them to *help navigate the Nebraska Total Care health plan*. Our goal is to assist you in providing the best possible care to our members.

This team serves as the primary liaison between the Plan and our provider network and is responsible for:

- Provider Education
- HEDIS/Care Gap Reviews
- Financial Analysis
- Assisting Providers with EHR Utilization

Provider Relations Support (cont.)

This team can also assist you with:

- Demographic Information Update

- Initiate credentialing of a new practitioner

- Facilitate to inquiries related to administrative policies, procedures, and operational issues

- Monitor performance patterns

- Contract clarification

- Membership/Provider roster questions

- Assist in Provider Portal registration and Payspan

Contacts

Who to contact?

Provider Services Phone Number
1-844-385-2192*

- One Call - Many Solutions: Interactive Voice Recognition (IVR) system offers push-button and voice activated prompts in English and Spanish

- Available Mon-Fri from 7:00 a.m. to 8:00 p.m. (CST) to address non-routine prior authorization requests and emergent provider and pharmacy issues

- Seamless Provider Services Helpline CSRs to respond to questions related to physical health, behavioral health, vision, and pharmacy.

* Fully functional January 1, 2017 (limited services in the interim)

Additional Support

Chris Stark, VP Network Development and Contracting
402-601-2276
Christopher.R.Stark@NebraskaTotalcare.com

Physical Health Contracting
Tim Easton, Director Contracting
402-594-6817
Timothy.Easton@NebraskaTotalcare.com

Provider Network
Mary Laughlin, Director
402-594-5092
Mary.K.Laughlin@NebraskaTotalCare.com

Behavioral Health Provider Network
Mariana Johnson, MPA, Manager
402-590-9113
Mariana.I.Johnson@NebraskaTotalCare.com

You may also send general Provider Contracting inquiries to:
NetworkManagement@NebraskaTotalCare.com

Questions?

1-844-385-2192*

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